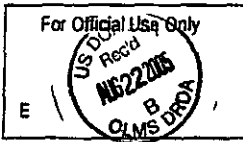


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- <u>10819</u>	2 Fiscal Year Covered From <u>1 / 1 / 04</u> Through <u>12 / 31 / 04</u>
3 Name and address of person filing Name <u>PATRICK RAY O'BRYAN</u> P.O. Box, Bldg., Room No., if any Street <u>71.93 KY 815</u> City <u>OWENSBORO</u> State <u>KY</u> ZIP Code + 4 <u>42301</u>	4 Name, file number, and address of labor organization Name <u>Plumbers & Pipefitters Local 633</u> Labor Organization File Number <u>035/63</u> P.O. Box, Building and Room Number, if any Street <u>3128 Alvey Park Dr</u> City <u>Owensboro</u> State <u>KY</u> ZIP Code <u>42303</u>
5 Position in labor organization <u>Office Finance Com.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income 7 b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Patrick Ray O'Bryan</u>	On <u>8-13-05</u> <u>270-229-0227</u> Date Telephone Number

Name of Person Filing Patrick Ray O'Bryan	File Number U-
--	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Education & Training Trust</p> <p>Trade Name, if any Pipe Fitters</p> <p>P O Box, Bldg Room No, if any</p> <p>Street 3128 Alvey Park Dr</p> <p>City Owensboro</p> <p>State 104 ZIP Code + 4 42303</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="radio"/> b Trust</p> <p>c Employer</p>
<p>10 If 9.b or 9.c is checked give trust or employer's name</p> <p>Name Above</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>instructor Apprenticeship</p>
	<p>11 b Approximate dollar value of such dealing 24.00 per hr</p>
	<p>12 a Nature of interest held or income received</p> <p>Paid for Apprentichip instruction</p>
	<p>12 b Amount. total for 1984 \$2878.05</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment.</p>